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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)205-0381

From:  
Account Name : INCORPORATETIME.COM, INC.  
Account Number : I19990000221  
Phone : (631)218-1510  
Fax Number : (631)589-2848

is  
10/22/04  
RECEIVED  
FLORIDA  
DEPARTMENT OF STATE

**FLORIDA PROFIT CORPORATION OR P.A.**

**Marina Eyecare PA**

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**ARTICLES OF INCORPORATION**

***THE UNDERSIGNED INCORPORATION FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.***

**ARTICLE I -NAME**

THE NAME OF THE CORPORATION SHALL BE:

Marina Eyecare PA

**ARTICLE II -PRINCIPAL OFFICE**

The principal place of business & mailing address of this corporation shall be

320 NE 12th Ave #502  
Hallandale, FL 33009

**ARTICLE III -PURPOSE**

The Purpose for which the corporation is organized is:  
Optometrist

**ARTICLE IV -SHARES**

The number of shares of stock that this corporation is authorized to have at any one time is:

2,000 shares at \$.01 par value

**ARTICLE V -INITIAL OFFICERS/DIRECTORS:**

President/Director: Marina Kotlyar, 320 NE 12th Ave #502, Hallandale, FL 33009  
Vice President/Secretary/Treasurer: Marina Kotlyar, 320 NE 12th Ave #502,  
Hallandale, FL 33009

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ARTICLE VI -INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address of the initial registered agent are:

Marina Kotlyar, 320 NE 12th Ave #502, Hallandale, FL 33009

ARTICLE VII-INCORPORATOR:

The name and address of the Incorporator to these Articles of Incorporation are:

Marina Kotlyar, 320 NE 12th Ave #502, Hallandale, FL 33009

  
Marina Kotlyar, Incorporator

10/18/04  
Date

Having been named registered agent and to accept service of process for the above stated corporation as the place designated in this certificate I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
Marina Kotlyar, Registered Agent;

10/18/04  
Date

STATE OF FLORIDA  
HALLANDALE

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